



# South Dakota Board of Nursing

South Dakota Department of Health  
4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-3115  
(605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursing

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APR 09 2012  
SD BOARD OF NURSING

## Medication Administration Training Program for Unlicensed Assistive Personnel Application for Curriculum Change for an Approved Training Program

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to ARSD 20:48:04.01:14. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to: South Dakota Board of Nursing; 4305 S. Louise Ave., Suite 201; Sioux Falls, South Dakota 57106-3115

Name of Institution: Dow Rummel Village  
Name of Primary Instructor: Jolene Halsne  
Address: 1321 West Dow Rummel Street  
Sioux Falls, SD 57104  
Phone Number: 605-575-0183 Fax Number: 605-336-6747  
E-mail Address of Faculty: www.dowrummel.com

1. Request to use the following approved curriculum(s); submit a completed Curriculum Application Form for each selected curriculum. *Each program is expected to retain program records using the Enrolled Student Log form.*

- ☐ 2011 SD Community Mental Health Facilities (only approved for agencies certified through the Department of Social Services)  
☐ Mosby's Textbook for Medication Assistants, Sorrentino & Remmert (2009)  
☐ Nebraska Health Care Association (2010) (NHCA)  
☒ We Care Online ~~or SD Complete Home Care, Inc. Medication Administration Training Program~~  
*Not approved / Jy*

2. List faculty and licensure information: *For new RN faculty, attach resume/work history with evidence of minimum 2 years clinical RN experience.* ok Jolene Halsne SD R020316 10/17/2012 10-17-12 LS

RN FACULTY/INSTRUCTOR NAME(S)	RN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
<u>ok Marilyn Hogan</u>	SD	R630730	12/28/12	12-28-12 LS
<del>Heather van Kley</del>	SD	R034710	12/19/2013	Not Approved; less than 2 yrs RN experience. Jy
<u>ok Ricky Smith</u>	SD	R024926	5/18/2014	05-18-14 LS
<u>ok Julie Clark</u>	SD	R0348000	4/8/2013	04-08-13 LS
<u>ok Alicia Millikan</u>	SD	R030084	12-12-13	12-12-13 LS

RN Faculty Signature: Jolene Halsne Date: 4-5-12

### This section to be completed by the South Dakota Board of Nursing

Date Application Received: <u>4/9/12; 4/18</u>	Date Notice Sent to Institution:
Date Application Approved: <u>4/18/12</u>	Date Application Denied:
Expiration Date of Approval: <u>4/30/2014</u>	Reason:
Board Representative: <u>G. Young</u>	